

1. Name	2. Address
3. City	4. State
5. Zip	6. Telephone
7. E-mail	8. Fax
9. Business	10. Home
11. Mobile	12. Pager
13. Other	14. Other
15. Other	16. Other
17. Other	18. Other
19. Other	20. Other
21. Other	22. Other
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89. Other	90. Other
91. Other	92. Other
93. Other	94. Other
95. Other	96. Other
97. Other	98. Other
99. Other	100. Other

Class	Subclass
ISSUE CLASSIFICATION	

PATENT NUMBER

## U.S. UTILITY Patent Application

YS	O.I.P.E.	PATENT DATE
SCANNED Ed	Q.A. JUT	

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/976784	D	514	1.3	1614	<i>[Signature]</i> D. Davis

APPLICANTS  
 Maximilian Polyak  
 Ben Arrington

TITLE  
 Organ and biological tissue preservation cold storage solution

PTO-2040  
 12/99

ISSUING CLASSIFICATION																											
ORIGINAL				CROSS REFERENCE(S)																							
CLASS				SUBCLASS				CLASS				SUBCLASS (ONE SUBCLASS PER BLOCK)															
<b>INTERNATIONAL CLASSIFICATION</b>																											

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	Sheets Drwg	Figs. Drwg	Print Fig	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner) (Date)				
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE FEE</b>	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Date)			<b>ISSUE BATCH NUMBER</b>	

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